

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.   FILING DATE  

APPLICANT(S) 097787942

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	1					
19		1				
20		2				
21	2					
22		1				
23		1				
24		1				
25		1				
26						
27						
28						
29		1				
30		1				
31		1				
32		1				
33		1				
34		2				
35		2				
36		1				
37		1				
38		1				
39		1				
40						
41						
42						
43		1				
44		1				
45		1				
46		2				
47	2	2				
48		1				
49		1				
50		1				
TOTAL ID.	6		3			
TOTAL EP.	6		3			
TOTAL CLAIMS	1		1			

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
52					1	
53					1	
54					1	
55					1	
56					2	
57					2	
58					1	
59					1	
60					2	
61					2	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					2	
74					2	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						